

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

★ MAY 14 2025 ★

CHARLES MAXWELL # 4412400965

BROOKLYN OFFICE

Plaintiff,

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

[Insert full name of plaintiff/prisoner]

CHARLES MAXWELL

JURY DEMAND

Rikers Island.YES NO

-against-

OBCC Facility / Correction Officer. 25-cv-2827-NCM-PK4 + Member of Correction
Officers.

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I.]

I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff CHARLES MAXWELL

If you are incarcerated, provide the name of the facility and address:

R N D C11-11 Hazen street, East ElmhurstN.Y. 11370

Prisoner ID Number. 4412400965

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

John Doe

Full Name

Correction Officer

Job Title

16-00 Hazen Street, East
Ethurst, N.Y. 11370

Address

Defendant No. 2

Jane Doe

Full Name

Correction Officer

Job Title

16-00 Hazen Street
East Elmhurst, N.Y. 11370

Address

Defendant No. 3

John Doe

Full Name

Correction Officer

Job Title

16-00 ~~East~~ Hazen Street L, N.Y. 11370

EAST Elmhurst, NY, 11370
Address

Defendant No. 4

John Doe

Full Name

Correction Officer

Job Title

16-00 Haze Street, East

Elmhurst, NY, 11370

Address

Defendant No. 5

John Doe

Full Name

Correction Officer

Job Title

16-00 Haze Street

EAST Elmhurst, NY, 11370

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? OBCC Facility
Hallway area.

When did the events happen? (include approximate time and date) 4/4/25
11am - 12 pm

Facts (what happened?) ON 4/4/25 between 11am-12 pm
In facility OBSCC I was being escorted back to
The Clinic with an correction officer from an
emergency clinic response. Medical complaint
on issues with trouble breathing, blurr vision and
on/off headache and chest pains. After walking
pass The First 2 officers (John Doe & Jane Doe) C.O.
The First C.O. made a negative comment, which I
responded to with "for what reason", That mislead
another officer to respond in a verbal threatening manner.
(All on Camera Surveillance). while walking with a C.O.
escort, The C.O. (correction officer) approach me/ us if he
wanted to fight), which make others officers to surround
me. That made another C.O. to spray me with mace for no
reason from The side view, while The other two C.O. grab
each of my legs with no support with an attempt to
make me fall face first on The Floor, with no visor to see
After The fall on partial side of My Face and head,

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Right side of my face swell and ear, missing tooth,
marks on my face, Swell left and Right wrist, especially
my Right wrist, from over tighten of cuffs, nose slightly
swell, still trouble breathing before and after spray with mace.
Chest pains, I was treat after incident but to be
convinced by staff to refused injuries, but I still made an
report statement, That same evening The move me out The
building. 3 days later another building, to avail my continue
medical treatment Soon after I did go to emergency but
side hospital to bellvue hospital on, ongoing medical issues, on
headach and chest pains., blury Vision, constant eye blur

continue
page 1-072

and chest with over tight CUFF on my wrist started to swell along with my upper eye, nose and side face and head. I was then escorted to Intake, while twisting my wrist more tighten cuffs, bending arms then Strip Search, then sent for a small shower cell for an hour plus/2hr. After only my back was taken photo when finally taken to medical or Injury medical staff was trying to convince me many times to refused Injury report in favor of Re Corrections Officer which I refused and continue on with reporting my injury. After that was sent back into Intake for several hours in a cell until they decide to send me out the building to another facility building for about three days then to another to avoid any medical assistance.

After visit to Bellmore hospital
still waiting on my reports.

III. Relief: State what relief you are seeking if you prevail on your complaint.

Continue on with Medical Assistance, which is
a big issue being denied on Rikers Island.
Compensated for pain and suffering, Through
On going Abuse with Correctional officer that
go on undocumented even if you Complaint verbal and
written document, They cover up, and mentally &
suffering struggling with Mental Health.

I declare under penalty of perjury that on 4/4/25, I delivered this
complaint to prison authorities at OBCC Rikers, Island to be mailed to the United
States District Court for the Eastern District of New York.
(date)
(name of prison)

I declare under penalty of perjury that the foregoing is true and correct.

Dated.

4/30/25

Chris Marshall

Signature of Plaintiff

R N D C

Name of Prison Facility or Address if not incarcerated

11-11 Haven street, East
Eltornt, N.Y 11370

Address

4412400965

Prisoner ID#

Charles Maxwell # 9912400865
RDC
4-11

101st
East Haven Street,
Elmhurst, N.Y. 11370

Retail

MID

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★ MAY 14 2025 ★

pro se
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United States District BROOKLYN OFFICE

Eastern District of New York

225 Cadman Plaza East, Brooklyn

N.Y. 11201 11201-183299



